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# The International Study on Career Choice in Psychiatry: a preliminary report

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As part of the WPA Action Plan 2008–2011 (1), it was agreed to explore reasons which put medical students off psychiatry. Indeed, over the past three decades, concerns have been raised about difficulties in recruiting medical students into psychiatry (2). It has been shown that poor recruitment is influenced by a number of factors which can be addressed readily (3).

Potential psychiatrists fall into three major groups: a) those who choose psychiatry as a speciality prior to joining medical school and stick with this choice (some would have gone into medicine to do psychiatry; this may be linked with direct or indirect exposure to mental illness or to mental health professionals); b) those who decide during medical school, who are likely to be influenced by teachers and quality of clinical attachment and experience; c) those who decide after qualification or change their minds after exposure to other specialities out of interest, for career prospects or work-life balance.

We explored these three sets of factors among final year medical students in 20 countries through selected medi-

cal schools. Questionnaires were used (in e-mail or paper versions according to the respondents' preferred method of contact) to assess attitudes towards psychiatry (Attitudes Toward Psychiatry - 18 items, ATP-18) and personality traits (International English Mini-Markers), along with questions on teaching methods and exposure to the subject.

A total of 2198 students responded. 4.5% of the sample planned to become psychiatrists, with a further 15% considering it as a possible career. Women were more likely to consider psychiatry than men. Key factors associated with choosing psychiatry were personal or family exposure to physical or mental illness. 2.7% of the sample had decided to be a psychiatrist before admission to medical school and three quarters maintained this choice by their final year.

The quality and quantity of teaching received was positively correlated with attitudes towards psychiatry. Special study courses, electives, research opportunities and exposure in psychiatry, and university psychiatry clubs were all significantly associated with choice of psychiatry. Clinical experience of seeing and participating in managing acute patients contributed positively too.

Career pathways need to be flexible, to encourage especially those who want a better work-life balance to choose psychiatry as a speciality. It is important that the WPA, in conjunction with national

associations, set up and maintain an international electives network to expose interested students to clinical, research and policy options, and support student psychiatric clubs and associations. National associations and medical schools should work together to offer medical students attachments to work with researchers and clinicians. The WPA needs to set up an online resource centre to bring stakeholders in recruitment together.

Further work is required to explore differences within the same country across the various medical schools and to understand what influences decision making. It would be useful to repeat the study in a few years' time to explore if interventions put in place have borne fruit.

## References

1. Maj M. Report on the implementation of the WPA Action Plan 2008–2011. *World Psychiatry* 2011;10:161-4.
2. Goldacre MJ, Laxton L, Lambert TW. Medical graduates' early career choices of specialty and their eventual specialty destinations: UK prospective cohort studies. *BMJ* 2010;341: c3199.
3. Eagle PF, Marcos LR. Factors in medical students' choice of psychiatry. *Am J Psychiatry* 1980;137:423-7.

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## WPA educational activities

**EDGARD BELFORT**

WPA Secretary for Education

The WPA is promoting a comprehensive and interdisciplinary program combining research and education, self-learning and teamwork. The foundation is the development of a professional vision, an active, creative,

critical and ethical attitude consistent with the strategies of the triennial plan of the Association.

The main focus is being the development of regional training activities, particularly in Latin America, Asia, Africa, and Eastern Europe, and the adaptation of these activities to local circumstances, working hand in hand

with the presidents of the societies and institutions in the regions. We are trying to identify subject areas and issues of great relevance to the profession and the communities. Moreover, the model emphasizes the development of educational networks with the participation of experts in different areas of psychiatry.